

GLOUCESTER CIVILIAN POLICE ACADEMY

APPLICATION

Name _____

Home Address _____

Phone # _____

Date of Birth _____ Social # _____

Occupation _____

What information about the police department would be of most interest to you?

How did you hear about this academy?

I give permission for a confidential record check to be completed prior to my acceptance to the Gloucester Civilian Academy

Signature _____ *Date* _____

PLEASE SUBMIT TO Off. Larry Ingersoll

*If your application is approved,
you will be notified of the
starting date.*